Salem City Public Schools
SCHOOL BUS PASS

School Office Personnel will Complete this Form:

________________________________________________________________________ School

Please fill out COMPLETELY when there are transportation changes.

Effective Date(s):____________________________________________________

Student Name: ____________________________________________

Grade: ____________________________________ (if elementary)

Long Term changes require Transportation Office approval - call
(540) 444-0858

Today Only

All Week

Above Student will ride bus #

Enter Approved Bus Stop Address or Cross Street here:

DROP STUDENT OFF AT THIS APPROVED BUS STOP:

Parents Signature: ____________________________________________

Homeroom Teacher: __________________ (If Elementary)

Principal or designee approval signature: _______________________

Date: ________________

Student must present this Bus Pass to the Bus Driver as they get on the bus.